PUBLIC HEALTH AND MIDWIFERY IN INDONESIA

By M. Joedono

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[Following is the translation of an article by M. Joedono
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In the general attempt to improve public health, improvement in obstetrics must also be speeded. So said Prof. M. Joedono in his speech before open senate meeting of the University of Madjah Mada which took place 19 September in Sitinggil. The students and other guests attending the meeting were very enthusiastic.

In attempting short cuts to improve health, according to Prof. M. Joedono, prevention plays a very important role. To accomplish health improvement, there must be cooperation from the people. There is no definite demarcation line between where prevention stops and medical treatment starts.

When practicing prevention, medication is already in operation and vice versa.

In obstetrics, prevention means looking after the health of the mother and baby. Diagnosis of the progress of the pregnancy must be made and nurse, the mother cared for during pregnancy and after, and, where necessary, birth control knowledge must be passed on to the mother. It must be determined whether delivery can be spontaneous or whether special aid is needed.

After delivery, examination must be made to determine whether the giving of birth has had any ill effect on the mother's health.

Should pregnancy threaten her health, this information must be passed on to the mother so that she may use prevention.

Aid to facilitate delivery is as old as mankind. Prenatal care started some sixty years ago, while postnatal care is still very young.

Now, however, prenatal and postnatal care are considered very necessary to help delivery. Where delivery is spontaneous, generally no harmful effect on the health of the mother takes place (in more than ninety percent of spontaneous deliveries, no death occurred to the mother or baby and less than ten percent needed the aid of a doctor).

In a population of ninety million people and an annual birth rate of forty percent there will be 360,000 babies. If every baby born is aided by a midwife, and allowing that each midwife can help 120 deliveries, 30,000 midwives are needed.

The population is annually increased by 1.3 million. With the increase in population, increase in births will follow. To replace midwives who can no longer continue working and to take care of additional births, 2,000 new midwives are needed annually.

According to Health Department statistics, in 1958 there were 1,851 doctors and about 3,000 midwives, and midwives' helpers who graduated after two years study numbered only 115.

Since not every delivery of babies is attended by a doctor or midwife, it is apparent that most deliveries of babies are attended by medicine men. There are approximately 50,000 dukuns [medicine men].

How long before every delivery of baby can be helped by a midwife (30,000 midwives) or to permit every village of 48,000 population to have a midwife depends on how many midwives the school can turn out annually.

In 1958 the school graduated only 366 midwives and only 67 midwives' helpers. The number needed to take care of the increase of births is 2,000 annually.

Only when the schools are able to turn out enough midwives' helpers with a course of two years study can we expect to replace medicine men.

For many years to come the services of medicine men for the delivery of babies will be needed. To avoid medicine men causing injuries when assisting delivery, they are given courses in delivery of babies. By now almost all of the medicine men have received some instruction on how to deliver babies.

Because of the shortage of doctors, the condition of obstetrics in our country is sadly lacking and it becomes necessary for midwives, in addition to administering prevention to perform other work which in other countries is performed by doctors. In view of this the standard of education for midwives must be upgraded. Since doctors must give instructions on how to deliver babies, students aiming to become doctors have to study obstetrics extensively.

Obstetrics must concern itself with, among other things, reducing the death rate of mothers and prenatal death. Deaths of mothers may be reduced by: 1. prevention; 2. therapeutic antibiotics, blood transfusions; 3. attendance of qualified midwives; 4. deliveries in hospitals.

Prenatal and postnatal care and birth control as devices to reduce the death rate have not yet received wide acceptance.

Before World War II 43 percent of the death of mothers was postpartum.

For Djakarta, during 1952-1956, the death rate was 26.9 percent.

In Jobjakarta in the years 1955-1959 the death rate was 24.3 percent.

In Indonesia, dur to the shortage of hospital beds, not every delivery can be performed in hospitals. There are 0.8 beds per 1,000 persons.

Because of the lack of facilities in the homes, mothers prefer to have their babies in hospitals.

The efficiency of a country in obstetrics can not be judged solely by the death rate of mothers and the prenatal death rate, but must take into account facts such as: Are there any crippling effects on the mothers, cut uterus, disturbing influences, deafness, and many other such ill effects transmitted to the baby?

Could the differences have been brought because deliveries are attended by unskilled persons and not professional ones? So ended the speech of Prof. M. Joedono.

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